PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10657171

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY										
TOTAL CLAIMS			25		14-7-85	ar anni a tha an		RATE	FEE) 	RATE	FEE									
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00									
TOTAL CHARGEABLE CLAIMS			2 5 minus 20=		* 5			X\$ 9=		OR	X\$18=	Q(i)									
INE	EPENDENT CL	AIMS	2 mir	nus 3 =	*			X42=			X84=	70									
ML	LTIPLE DEPEN	DENT CLAIM P	RESENT							OR											
* If the difference in column 1 is less than zero, enter "0"						eolumn 2		+140=		OR		O(a)									
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	840									
	<u> </u>	(Column 1)	(Column 2) (Column 3					SMALL	ENTITY	OR	OTHER SMALL I										
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
AME	Independent	*	Minus	***		=		X42=		OR	X84=										
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		OR	+280=										
10,18							.I	TOTAL		00	TOTAL										
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		l	ADDIT. FEE										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=										
AME	Independent	*	Minus	***		<u> </u>		X42=		OR	X84=										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=										
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE										
	NEW COSTS CONTROL TO PROGRAMME TO STATE OF THE PARTY OF T	(Column 1)		(Colui		(Column 3)															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
AME	Independent	*	Minus	***		=		X42=		OR	X84=										
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM																				
*	f the entry in colu	mn 1 is less than t	ne entry in colu	mn 2, write	e "0" in co	lumn 3.	Į	+140= TOTAL		OR	+280= TOTAL										
**	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	an 3. enter "3."		ADDIT. FEE	propriate box	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											